

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/13/99</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8/17/99</i>
FORMALITY REVIEW		<i>105455</i>	<i>8/24</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions,  
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IP STAPLE AREA (for additional cross references)

INITIALS	ID NO.	DATE

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 ..... Canceled      A ..... Appeal  
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